

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Videt Carachal
Full Address 5396 Springhill Loop - Meridian 3601
Telephone 601-693-2750 (Fax) _____
E-mail KARACHAL@SENATE.MS.GOV
Office Sought STATE SENATE DIST 33 Political Party Rep



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>8750⁰⁰</u>	<u>\$ 8750⁰⁰</u>	<u>\$ 8750⁰⁰</u>
Total amount of disbursements	<u>1,320¹²</u>	<u>\$ 1134.58</u>	<u>\$ 2454.58</u>
Total amount of cash on hand		<u>\$ 36,452.42</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Videt Carachal
Signature of Candidate

1/26/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Vicki Penick

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Reporting period

1/1/09

through

12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		8.5.09	\$ 500 ⁰⁰
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500 ⁰⁰
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12.21.09	\$ 250 ⁰⁰
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 ⁰⁰
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12.21.09	\$ 250 ⁰⁰
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 ⁰⁰
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12.21.09	\$ 500 ⁰⁰
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500 ⁰⁰

Name of Candidate or Committee

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Reporting period

1/1/09

through

12/31/09

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12. 8. 09	\$ 500.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12. 8. 09	\$ 500.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12. 8. 09	\$ 250.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		8. 5. 09	\$ 1000.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee _____

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Excellence Group, LLC</u>	<u>12, 8, 09</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. Box 2066</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spectra DCP</u>	<u>12, 8, 09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1642</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Houston, TX 77251</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assn of MS</u>	<u>12, 8, 09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 3300</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Watkins & Young</u>	<u>12, 8, 09</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>300 W. Capitol St Suite 200</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39203</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000⁰⁰</u>

Name of Candidate or Committee

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Reporting period

1/1/09

through

12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/21/09	\$ 588 ⁰⁰
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 588 ⁰⁰
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/21/09	\$ 1000 ⁰⁰
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000 ⁰⁰
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/21/09	\$ 588 ⁰⁰
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 588 ⁰⁰
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/1/	\$
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Vide T. Carmichael

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Reporting period

1/1/09

through

12/31/09

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South		4TD	\$ 1,320 $\frac{12}{xx}$
Mailing Address			
5260 I-55 N. Jackson			
City, State, Zip Code			
Jackson, MS			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,320 $\frac{12}{xx}$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$